Substitute for form 1449/PTO				Complete if Known		
·				Application Number	10/596,204	
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STATEMENT BY APPLICANT (Use as many shoets as necessary)			LICANT	First Named Inventor	Fischer	
			sary)	Art Unit	Unknown	
				Examiner Name	Unknown	
Sheet	1	of	1	Attorney Docket Number	5577-012	

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Examiner Initials*	Cite No.1	Document Number Number-Kind Code ^{2 (f known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevan Figures Appear	
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Examiner Signature	/David Martinez/		Date	07/29/2008
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Translation is attached.

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